

C17 The QIO Program as a model for health care quality improvement

Leader: Gold JA

Objective and rationale:

The work of (U.S.) Medicare Quality Improvement Organizations (QIOs) over the past decade to improve health care has been directed toward improving patient care safety by reducing errors, particularly errors of omission. While the QIO program is the single most extensive effort in the United States to implement continuous improvement in health care - Hsia wrote in JAMA in January 2003 that "the QIOs constitute the nation's main infrastructure for quality improvement" - it has been little-publicized in the larger community, despite evidence that it has enjoyed some success. The objective of the workshop is to describe the work of QIOs, and to set forth the lessons their experience provides for improving the quality of health care on a large scale anywhere in the world.

The workshop is relevant to at least three of the program streams. The work of QIOs relies heavily on measuring health care performance: developing measures of appropriate care, collecting data, and feedback for the purposes of quality improvement. (Hsia: "The QIOs surpass other organizations by using validated measures and in aggregating at the hospital level.") As QIOs do not themselves deliver patient care, collaboration and teamwork with those that do are essential: the implementation and redesign of care processes and pathways, the collection and use of data, the harnessing of internal leadership. And implementation of quality improvement is the essence of what QIOs do: translation of guidelines and standards into improvement efforts, adoption of policies and practices that quality improvement research has shown are likely to lead to improved care, preparation and guidance of health care professionals toward improved performance. All these will be discussed at length in the workshop, and other program streams will be touched upon as well.

Outline for Workshop content:

Introduction and presentation of case

-The case will ask participants to assume that they have been charged by their government with developing and implementing a program to improve performance on certain indicators in certain clinical settings. The charge will parallel the charge from the federal Centers for Medicare and Medicaid Services to the QIOs.

The remainder of the program will be presented using Socratic method, the interactive question-and-answer technique used in law school teaching with substantial audience involvement, rather than by straight lecture.

A history of the QIO program

-This will cover: Professional Standards Review Organizations (the predecessor program); the development of Peer Review Organizations; early inspection-based attempts to assure quality; critique of the early attempts; the introduction of the Health Care Quality Improvement Program and its incarnations over the past decade; results of the program thus far.

Lessons learned thus far in the QIO program

-This will cover: choice of clinical topic, indicator development, how to work with providers to promote data collection and systems changes, the sorts of systems changes that are most likely to lead to improved care, partnering with professional associations, learning and implementing what works in the process of doing it, barriers encountered and how they are best addressed, and evaluation.

Challenges facing the QIO program

-This will cover: Adapting QIO projects to the needs of particular providers, expansion of quality improvement activities into new settings (e.g., long-term care), eliciting improvements in care from providers that choose not to collaborate actively, opportunities and risks of public reporting, working collaboratively with groups of providers.

Discussion of case

-Participants will share their thoughts with the group about how they would go about carrying out the charge set forth in the case. The leader will keep the conversation going and keep it focused.

Leadership:

The leader, Jay A. Gold, MD, JD, MPH, will be the sole presenter. Dr. Gold is Senior Vice President and Principal Clinical Coordinator of MetaStar, the Medicare Quality Improvement Organization (QIO) for Wisconsin. He has directed the Health Care Quality Improvement Program at MetaStar for the past ten years. He is finishing his sixth year in the leadership of the American Health Quality Association. Dr. Gold has held full-time faculty appointments at the Pennsylvania State University College of Medicine and at the Medical College of Wisconsin (where he retains a clinical appointment), and has taught two semester-long courses on quality management in health care at the University of Wisconsin. He has made numerous presentations about health care quality improvement, utilizing the Socratic method in an interactive format.

Reference:

Hsia DC. Medicare Quality Improvement: Bad Apples or Bad Systems? *JAMA* 289(2003)354-356.